



# Grant Application Review Form

LOG # 20008Program: Tsalagi Public Health**GRANT INFORMATION:** CFDA # \_\_\_\_\_ FOA \_\_\_\_\_Grant Title: Safe Kids CherokeeGranting Agency: Safe Kids of North CarolinaPurpose of Grant: To aid in funding Safe Kids Cherokee events that provide child safety education to the community.How will this be accomplished? By reimbursing for event expenses that promote child safety.

(Ex: Fire Prevention Event, Operation Medicine Drop, Summer heat safety initiatives, etc)

Closing Date (Grant Application Deadline) 9/30/2019Grant Period: Beginning Oct-19 End Sep-20 Dates Fiscal Year(s) FY20+Is this a Sub-Award? ☐ YES ☒ NOIs this to continue a current grant? ☒ YES ☐ NO If yes, current Grant # 19007Electronic submission? If no, explain why. ☒ YES ☐ NO**NOTE: All applications must be submitted by the Grant Compliance Office on behalf of the Tribe & program**Bookkeeping contact (in program): Savannah Farmer Phone No: 359-6216Grant administration experience? ☒ YES ☐ NOResolution Attached? ☒ YES ☐ NO **NOTE: If no, form is not complete & cannot be reviewed****FUNDING DETAILS:**☐ YES, (a Funding Request Form is required) ☐ NO

	Source(s) of Tribal Portion:	Tribal/In-kind Notes:
<u>400</u> = Grant Portion	<input type="checkbox"/> GF Match	
<u>0</u> = Tribal Portion	<input type="checkbox"/> Tribal Match	
<u>400</u> = Total	<input type="checkbox"/> In-kind Match	No Match Required

Indirect Allowed ☐ YES, % Allowed: \_\_\_\_\_ ☐ NO

What are the requirements for continuation once grant funding ends? \_\_\_\_\_

Does this grant cover any salary costs? ☐ YES ☒ NO What is the salary amount? \_\_\_\_\_Will the Tribe be responsible for funding this salary once the grant ends? ☐ YES ☒ NO**Program Authorization:**

Date

Program Contact \_\_\_\_\_  
Program Manager Quinn D. Smith 12-18-19  
Director of Program \_\_\_\_\_  
Secretary \_\_\_\_\_

**Grants Compliance Office Authorization:**

Date

Grants Compliance(DeMakus Staton) [Signature] 12/18/19

Received from Grants \_\_\_\_\_ Coresponding Funding Request # \_\_\_\_\_

**Tribal Authorization:**

Date of Chief review \_\_\_\_\_ Comments: \_\_\_\_\_

Resolution# \_\_\_\_\_ Date \_\_\_\_\_ Council Action: \_\_\_\_\_

**Award:**Grant Awarded ☐ YES ☐ NO Date of Notification: \_\_\_\_\_ GEMS # \_\_\_\_\_

Awarded Amount: \_\_\_\_\_ Grant # \_\_\_\_\_

Grant orientation date: \_\_\_\_\_ Award Period \_\_\_\_\_